Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** No No Average Daily Census: 23 22 ****

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	l/ 00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	0. 0 9. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	72. 7	More Than 4 Years	90. 9
Day Servi ces	No	Mental Illness (Org./Psy)	0. 0	65 - 74	18. 2		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	9. 1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0. 0	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	27. 3	[
Transportation	No	Cerebrovascul ar	0. 0			RNs	9. 1
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	4. 3
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	45. 5	Aides & Orderlies	36. 9
Mentally Ill	No			Female	54 . 5		
Provide Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
**********************	****	**************	*****	************	·*******	******************	*******

Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate	Pay		Manageo	d Care		Percent
			Per Dien	1		Per Die	n		Per Dien	n		Per Diem	ı	Ŭ l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				22 1	00.0	\$131. 14	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	22	100.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		22 1	00.0		0	0.0		0	0.0		0	0.0		22	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 13. 6 **59**. 1 27. 3 22 Other Nursing Homes 0.0 Dressi ng 45.5 31.8 22. 7 22 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 68. 2 22 0.0 18. 2 13.6 $\tilde{2}\tilde{2}$ Toilet Use 22.7 50.0 59. 1 18. 2 22 0.0 77.3 13.6 9. 1 Other Locations **50.** 0 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder **50.0** 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 27.3 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 4. 5 Mobility Physically Restrained 33. 3 0.0 68. 2 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Have Advance Directives Deaths 66.7 With Pressure Sores 86.4 Total Number of Discharges With Rashes Medi cati ons 0.0 (Including Deaths) Receiving Psychoactive Drugs 59. 1

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	FI	DD	Al 1		
	Facility	Faci	ilities	Faci	lties	
	ruci i rey					
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95. 8	85. 5	1. 12	84. 5	1. 13	
Current Residents from In-County	68. 2	42. 1	1. 62	77. 5	0. 88	
Admissions from In-County, Still Residing	0. 0	19. 5	0.00	21. 5	0.00	
Admi ssi ons/Average Daily Census	8. 7	16. 4	0. 53	124. 3	0. 07	
Di scharges/Average Dai ly Census	13. 0	19. 2	0. 68	126. 1	0. 10	
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00	
Residents Aged 65 and Older	27. 3	16. 2	1. 68	87. 7	0.31	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1.45	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0.00	
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00	
Impaired ADL (Mean)*	34. 5	50. 8	0. 68	49. 4	0. 70	
Psychological Problems	59 . 1	45. 9	1. 29	50. 1	1. 18	
Nursing Care Required (Mean)*	9. 1	11.0	0. 83	7. 2	1. 27	